

Officeholder and Candidate
Campaign Statement –
Short Form

Received
Oxnard City Clerk
Date Stamp
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CALIFORNIA
FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Karla Alejandra Ramirez

STREET ADDRESS
709 Spruce St.

CITY STATE ZIP CODE
Oxnard CA 93033

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 228-9388 Karla.alejandra.ramirez@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council Member District 6

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Oxnard 6

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 5th, 2020 DATE

By Karla Alex Ramirez SIGNATURE OF OFFICEHOLDER OR CANDIDATE